Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: Dr. Donald Mauldin, M.D. PMB 136-519, 18352 Dallas Parkway Dallas, TX 75287	MFDR Tracking #: M4-06-6052-01 DWC Claim #: Injured Employee: Date of Injury:
Respondent Name and Box #: Ace American Insurance Co. Rep. Box #: 15	Employer Name: Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "Carrier denied L2114 for no authorization obtained and required per Rule 134.600(h)(11)… The rune reads "in excess of $500.00". We did not bill in excess of $500.00 therefore no auth is required. Carrier should reimburse for DME…"

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - $500.00
3. CMS 1500s
4. EOB

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: Response not submitted

Principle Documentation:

1. N/A

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Reson	Part V Reference	Amount Ordered
02/25/05	HCPC Code L2114	62, 42	1 – 2	$500.00
Total:				$500.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective August 1, 2003, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason code "62 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization. Procedure billed 0A6451. This procedure /supply must be preauthorized in accordance with TWC Rule 134.600. Also supplies associated w/unauthorized proc/sup are disallowed" and "42 – Charges exceed our fee schedule or maximum allowable amount."
2. The Requestor billed HCPCS Code L2114 – the Respondent has noted on the EOB that supplies associated with unauthorized procedure/supplies are disallowed. The Respondents EOB is unclear what supplies are disallowed, as the other billed codes for this date of service are: 99213, 73630-RT (radiological exam); HCPCS Code A6451 (described by the 2005 HCPCS Code book as a wound pouch) and 99080-73 – the Work Status Report, that were reimbursed.

3. According to 28 Texas Administrative Code Section 134.600(h)(11), DME in excess of $500.00 requires preauthorization. The Requestor billed $500.00 for HCPCS Code L2114 (AFO, fracture orthosis, tibial fracture orthosis). Therefore, per 28 TAC Section 134.202(c)(2) reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

- Texas Labor Code Section 413.011(a-d);
- Texas Labor Code Section 413.031;
- Texas Labor Code Section 413.0311;
- 28 Texas Administrative Code Section 134.1;
- 28 Texas Administrative Code Section 134.600 and
- Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION AND/OR ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of $500.00 plus applicable accrued interest per Division Rule 134.803, due within 30 days of receipt of this Order.

ORDER:

Authorized Signature	Auditor III, Medical Fee Dispute Resolution	June 18, 2008 Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.